

CITY OF HAYWARD
BUILDING DIVISION

777 "B" STREET, HAYWARD CA 94541-5007
 (510) 583-4140 FAX (510) 583-3642



FAX PERMIT APPLICATION ONLY

Application No.		Date Received	
		Office Use Only - Processed By	
Date of Application	Job Address & Unit Number(s)		Original Copy Mailed to You? Yes No
Description of Work			
Permit Fee (Use Fee Sheet)	Value		
Owner's Name	Mailing Address (Street, City, Zip)	Telephone #	
Contractor's Name	Mailing Address (Street, City, Zip)	Telephone #	
Contractor's License #	City Business License #	Fax #	
Type of Card	Credit Card Information	Card Number	
Visa	Authorized Person to Use Card	Expiration Date	
Mastercard			

ELECTRICAL	No.	BUILDING	No.	MECHANICAL	No.
NEW CIRCUITS: Fees listed below include all appliances, fixtures and wiring. Fees do not include services, additional meters, industrial or commercial motors & transformers.		RE-ROOF PERMITS (See Fee Schedule)		A/C EQUIP TO 100,000 BTU	
1 TO 20 AMP CIRCUIT		TYPE OF ROOF		A/C EQUIP TO 1,000,000 BTU	
30 AMP CIRCUIT		NO. OF SQUARES		A/C EQUIP TO 1, 750,000 BTU	
40 AMP CIRCUIT		TERMITE PERMIT: Fee determined by termite report estimates (See Valuation Sheet)		A/C EQUIP OVER 1,750,000 BTU	
50AMP CIRCUIT		PLUMBING		CONDENSATE DRAIN SYS EA	
70 AMP CIRCUIT		BATHTUB		FURNACE TO 100,000 BTU	
100 AMP CIRCUIT		DRINKING FOUNTAIN		FURNACE OVER 100,000 BTU	
101 TO 200 AMP CIRCUIT		DISHWASHER RES.		GAS PIPING RES. (REP/INST/ALT)	
201 TO 300 AMP CIRCUIT		FOOD WASTE DISPOSAL RES.		GAS VENTS	
301 TO 400 AMP CIRCUIT		FLOOR DRAIN / SINK		HEAT / AIR COND. UNIT	
POWER POLE		GAS DRYER RES.		HOT & STEAM HEATING SYS	
Additional Outlets to Existing Circuits		GAS PIPING RES. (REP/INST/ALT)		HEAT PUMPS	
LIGHT FIXTURES		GAS TEST		KITCHEN, BATH, VENT SYS.	
OUTLETS TO		GAS RANGE RES.		RADS, CON, HTPNLS, FAN, COIL	
SWITCHES ON		LAVATORY		RANGE HOODS RES.	
MULTI-OUTLETS		LAUNDRY TRAY		REG, DIFF, GRILL, (INC DUCT)	
RECEPTACLES		SHOWER		RANGE, OVEN, DRYER RES.	
SERVICES: Services or service changes include one meter service 600 volts or less.		SINK: BAR KITCHEN SERVICE		SOLAR HEAT SYSTEM	
ELECTRICAL SERVICE - 1ST 100 AMP		URINAL			
ADD 100 AMP OR FRACTION		VENT PIPING ALT./REPLACE			
MAX. FOR ANY ONE SERVICE		WATER HEATER (GAS/ELEC./VENT)			
		WATER CLOSET			
		WATER PIPING RES. (ALT./INST./REPL.)			
		WASHING MACHINE			

☐ I certify that I have read this application and state that the above information is correct. I agree to comply with all city and county ordinances and state laws relating to building construction, and hereby authorize representatives of the City to enter upon the above-mentioned property for inspection purposes

Signature of Applicant or Agent _____ Date _____

Agent For:
☐ Contractor ☐ Owner

Agent's Name (print) _____

Agent's Address _____